

MONTHLY INSPECTIONS OF PROPERTIES

NAME OF BUILDING OWNER: _____

LOCATION OF BUILDING: _____

		OCT or APR	NOV or MAY	DEC or JUNE	JAN or JULY	FEB or AUG	MAR or SEPT
EXTERIOR		✓ or ✕	✓ or ✕	✓ or ✕	✓ or ✕	✓ or ✕	✓ or ✕
1.	Are there signs of opening for water to enter, damages to exterior walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Any signs of forcible entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are gutters and drains clear of debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is snow accumulated on the roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR		✓ or ✕	✓ or ✕	✓ or ✕	✓ or ✕	✓ or ✕	✓ or ✕
5.	Is there any evidence of leaking from water lines of sinks and toilets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is there evidence of leaking water from the shut off valves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is there signage posted in washrooms warning to only dispose toilet paper, not paper towels to prevent clogging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are there any signs mold on walls / ceiling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	a) Signs of water leaks from piping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Signs of leaks from appliances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Signs of leaks from plumbing fixtures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	HOT WATER TANK Any signs of water leaks / damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is basement / Crawl space free of standing water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE OF INSPECTION							
INSPECTION CONDUCTED BY (initials)							